Utilizing PAs to Combat the Growing Opioid Epidemic

Every day over 60 Americans die from an opioid-related overdose. According to the Substance Abuse and Mental Health Services Administration (SAMHSA) in 2014, 1.9 million Americans over 12 years of age were addicted to prescription painkillers, and 586,000 were addicted to heroin. Unfortunately, treatment programs offering medication-assisted treatment (MAT) proven to increase patient survival and program retention only have capacity for 1.4 million - leaving hundreds of thousands of Americans without access to all of the tools available in the fight against opioid addiction.

While changes have been made to curb prescription drug abuse at all levels, they have had little impact on the overall epidemic. Worse, it appears that limiting the ability to access these drugs has led to a dangerous, unintended consequence: it has become cheaper and easier for many individuals who are dependent on opioids to turn to heroin to achieve similar effects.

The American Academy of PAs (AAPA) appreciates Congress’s work to combat the abuse, diversion, morbidity and mortality associated with the misuse of opioids that is devastating families and communities across our nation. The current epidemic will not improve without enlisting the help of additional providers to treat those who are already addicted. In light of the current shortage of providers specializing in addiction medicine, AAPA believes PAs (physician assistants) can be part of the solution to this problem.

Access to Clinically Trained Practitioners

PAs frequently work with patients who struggle with opioid dependency. PAs may specialize in addiction medicine; however, there are approximately 30,000 PAs practicing as primary care providers on the “front lines” of patient care in hospitals, private practices, community health centers, rural health clinics, non-federally qualified public or community health clinics, prisons, behavioral healthcare facilities, and free clinics, where they commonly encounter patients who present with or are at risk of opioid addiction. This care is especially critical in rural and medically-underserved areas, where PAs may serve as the only primary care clinician or in areas where PAs own and serve their own medical practices.

PAs receive a broad medical education over approximately 27 months which consists of two parts. The didactic phase includes coursework in anatomy, physiology, biochemistry, pharmacology, physical diagnosis, behavioral sciences, and medical ethics. This is followed by the clinical phase, which includes rotations in medical and surgical disciplines such as family medicine, internal medicine, general surgery, pediatrics, obstetrics and gynecology, emergency medicine, and psychiatry among other areas of specialty. Due to these demanding rotation requirements, PA students will have completed at least 2,000 hours of supervised clinical practice in various settings and locations by graduation.
PAs practice and prescribe medication in all 50 states, the District of Columbia, and all U.S. territories with the exception of Puerto Rico. They manage the full scope of patient care, often handling patients with multiple comorbidities. In their normal course of work, PAs conduct physical exams, diagnose and treat illnesses, order and interpret tests, assist in surgery, and counsel on preventative healthcare. The rigorous education and clinical training of PAs enables them to be fully qualified and equipped to manage the treatment of patients who suffer from opioid drug addiction.

AAPA has been proactive in providing PAs with access to continuing medical education (CME) and coursework related to best practices in prescribing opioid medications, as well as the screening, prevention and management of prescription drug misuse. AAPA is an active partner in the Collaboration of REMS Education (CO*RE) Initiative to Address Extended Release/Long Active Opioids. AAPA also works with the National Institute on Drug Abuse (NIDA) on a CME initiative regarding pediatric substance use and the Hilton Foundation on adolescent substance use and the treatment of adolescent opioid addiction.

**AAPA Legislative Recommendations**

*Update the Drug Addiction Treatment Act of 2000 (DATA 2000) to permit PAs to prescribe buprenorphine for the treatment of opioid addiction in any legislation addressing the opioid epidemic.* Currently, DATA 2000 does not allow PAs to prescribe buprenorphine – a Schedule III controlled substance – for the treatment of opioid addiction, even though 48 states and the District of Columbia already allow PAs to prescribe buprenorphine for pain management purposes. By allowing PAs to prescribe buprenorphine, Congress can help eliminate one of the outdated federal barriers that contribute to the critical shortage of healthcare providers who are willing or able to provide MAT to their patients.

*Provide PAs with all of the tools to combat opioid abuse.* Legislation that fails to fully engage the ability of PAs to fight opioid addiction (such as H.R. 2536/S.1455, the TREAT Act) also fails patients. Such legislation neglects to recognize PA medical training and attempts to override state prescriptive authority by including only PAs who are “supervised” by physicians, while leaving out those who “collaborate” with them, based on state statute. This language creates unwarranted barriers that leave critical resources untapped at a time when Americans struggling with substance use disorders and their families cannot afford to wait. Due to the evolving nature of state laws, it is critical that federal legislation not qualify the prescribing of buprenorphine on the physician relationship. These types of conditions only serve as a barrier to utilizing all qualified providers to fight this epidemic.

*Support legislation which increases access to treatment for opioid addiction and strengthens provider training in the areas of pain management, safe prescribing practices, and treatment of patients who are struggling with drug addiction.*